



STATE OF UTAH

Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134

Restaurant Tax QUESTIONNAIRE

Second Notice

**Your Reply is Due
March 27, 2006**

27

March '06						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

A

Name and Address:

Please provide the following information.

Name: _____ Business Name: _____

Address: _____

City, State and Zip: _____

Phone Number: _____ Best time to contact you: _____

Sales and Use Tax Number: _____ Federal ID or SS#: _____

B

Is your business operating as a restaurant for purposes of the "restaurant tax?"

Please indicate your choice by selecting one of the items below.

Yes, my business is operating as a restaurant for purposes of this tax.

I agree to declare my restaurant sales, and to file form TC-61F or TC-61FV, Tourism, Recreation, Cultural, Convention Facilities & Car Rental Tax Return.

No, my business is **Not** operating as a restaurant for purposes of this tax.
This business' primary activity is _____

C

Signature and Date:

Please sign and date below.

I certify that to the best of my knowledge the above information is true and accurate.

MASTER FILE

Signature

Date

